

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Lobbyist's Registration Number

Instructions

- Print in ink or type.
- Complete form, have it notarized and return with \$10 fee to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (225) 922-1400.
- This form must be submitted within 5 days of any changes in your registration form to add employers or those you represent or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

FOR OFFICE USE ONLYPostmark Date: 5-12-00L Supp
2376
\$10.00
KSD

2000988

1. NAME Talman David M.
Last First MI
2. BUSINESS PHONE 225 - 291 - 2988
3. BUSINESS ADDRESS P.O. Box 810031, Baton Rouge, LA 70809
Street and No. City State Zip
4. EMPLOYER The Talman Group
5. EMPLOYER'S ADDRESS 11706 S. Hassell's Ferry Rd, Ste. F Baton Rouge, LA 70802
Street and No. City State Zip
6. Have you ceased or terminated all lobbying activities requiring registration? Yes _____ No X
7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.
1. Name National Association of Bail Insurers
Address 1725 DeSales St., NW, Ste. 800, Washington, D.C. 20036
Business or purpose Professional Association
- ☒ New Representation
Does this person pay you? no
- If No, who pays you? The Talman Group
- ☐ Terminated Representation as of _____

SUPPLEMENTAL REGISTRATION FORM

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|--------------------------------|
| 3012 |
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2. Name _____

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

3. Name _____

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____


If No, who pays you? _____

☐ Terminated Representation as of _____

State of _____

Parish of _____

Before me, the undersigned authority, personally came and appeared _____, who,
after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.



Signature of Lobbyist

Sworn to and subscribed before me on this _____ day of _____, 19____.

Notary Public